

In The United States Court of Federal Claims

Cover Sheet

Plaintiff(s) or Petitioner(s)

Names: The Confederated Tribes of the Colville Reservation

21-1664 L

Location of Plaintiff(s)/Petitioner(s) (city/state): Nespelem, WA

(If this is a multi-plaintiff case, pursuant to RCFC 20(a), please use a separate sheet to list additional plaintiffs.)

Name of the attorney of record (See RCFC 83.1(c)): Brian W. ChestnutFirm Name: Ziontz Chestnut

Contact information for pro se plaintiff/petitioner or attorney of record:

Post Office Box:

Street Address:

2101 4th Ave., Ste. 1230

City-State-ZIP:

Seattle, WA 98121

Telephone Number:

206-448-1230

E-mail Address:

bchestnut@ziontzchestnut.comIs the attorney of record admitted to the Court of Federal Claims Bar? ☒ Yes ☐ NoNature of Suit Code: 504

Select only one (three digit) nature-of-suit code from the attached sheet.

Agency Identification Code: DOINumber of Claims Involved: 1Amount Claimed: \$ Over 50,000,000

Use estimate if specific amount is not pleaded.

Bid Protest Case (required for NOS 138 and 140):

Indicate approximate dollar amount of procurement at issue: \$ _____

Is plaintiff a small business?

☐ Yes☐ No

Was this action proceeded by the filing of a protest before the GAO?

☐ Yes☐ No

Solicitation No. _____

If yes, was a decision on the merits rendered?

☐ Yes☐ No

Income Tax (Partnership) Case:

Identify partnership or partnership group: _____

Takings Case:

Specify Location of Property (city/state): _____

Vaccine Case:

Date of Vaccination: _____

Related case:

Is this case directly related to any pending or previously filed case(s) in the United States Court of Federal Claims? If yes, you are required to file a separate notice of directly related case(s). See RCRC 40.2. ☐ Yes ☒ No